

Geologist / Engineer		Telephone No.		Senior Geologist / Engineer Signature		Telephone No.	
PROJECT INFORMATION				District	County	Route	Post Mile / KP
Geographic Name / Bridge Name							
E.A. No.		FA - Activity Code		Special Designation			

Local Hospital
Name:
Address:
Phone No.:

☐ Basic Emergency
☐ Trauma Center

Please attach map with route to hospital from site(s) clearly marked

Is there clear Cell Phone reception and transmission at the Site(s)?
☐ Yes ☐ No ☐ Unknown

Please describe any known Physical Hazards at the Site(s):

UTILITY CLEARANCE (USA) DATA

USA Ticket No.:
USA Exp. Date:

Location Description as Mapped by USA:

Members Contacted by USA	Did you receive a Member Call-Back?	Did you have a Field Meet with Member?	Did the Member mark or flag their utilities at the site(s)?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there Non-Member Utilities at the Site(s)?
Non-Members Contacted:

☐ Yes ☐ No

Are there Overhead Utility lines at the Site(s)?
☐ Yes ☐ No

Have you been briefed on the location(s) of Non-Member Utilities at the site(s)?
Are the locations Marked or Flagged?

☐ Yes ☐ No
☐ Yes ☐ No

Remarks